

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NUMBER 101536768 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7		1				
8			1			
9						
10			2	2		
11						
12						
13		1				
14			1			
15				1		
16			1			
17		1				
18			1			
19		1				
20			1			
21		1				
22			1			
23			1			
24			1			
25		2				
26		1				
27		1				
28			1			
29			2	1		
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48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.		26				
TOTAL CLAIMS		31				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		31				